See Instructions and Privacy Statement on Reverse Side

Page 1 of 1

	Out-of	-State	Trip N	۸o									☐ Training					
	nt's Nan					Telephone Number							Employee Number					
	-Ann V	Varme	rdam			916-445-4000						E000113420						
	Address Box 46	7				City Yolo			State CA	•			Position Director					
Headquarters Address						City			State	Zip Code 95814			Branch			CB	/I No.	
1001 I Street						Sacramento			CA			Exec	cutive Office			E:	xempt	
(1) Month/Year 8/09		D	(3) Location Where Expenses Were Incurred (Between what Points)		(4) Lodging	(5) Meals		3	(6) Incid'l	(7)	Transportation				(8) Business	(9) Total Expenses		
		a t								(A) Cost	(В) Туре	(C) Tolls	(D) Private Car		Expense	for Day		
1	(2) Time e						Breakfast	Lunch	Lunch Dinner				Carfare Pkg.			1		
1600	2000	4	Sacran	nento		+		<u> </u>		+		sc	9.00	Miles	Amt.		9.00	
0800	1700	5	Sacran	nento	······································							sc	9.00	-			9.00	
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	Cotal (A			ly)														
TRAVEL ADVANCE (10) CLAIM TOTAL							S										10.00	
				1	0 T2.4-11-										\$		18.00	
1''	-		•		& Details nceno receipts		(12) Normal Work Hours 0800-1700											
															(13) Private Vehicle License No.			
													(10)1111			v canolo Biocado I vo:		
													(14) Mileage Rate Claimed					
(15) I HEREBY CERTIFY, that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and																		
privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750 - 0754 pertaining to vehicle safety and seat belt usage.																		
Claimant Signature / / /) Date																		
1 and an 01.09.00																		
(16)	Signat	ure of	Office	r Appro	oving Travel an				Sp	ecial Ex	kpense A	Authoriza	tion (S	ee iten	n 17 on	reverse)		
			0	PI	nde Tu	ik												
		(1	8) Prog	gram Us	2.7		Accounting Use Only											
In	dex	x PCA %			0	bj. Code		Amoun	mount		Tax	Non-Tax	Chec	k Number		TEC An	t. Due	
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